

PROVIDER SERVICE SUMMARY

PROVIDER INFORMATION

Name of Provider:
Ace It! A Sylvan Provider, by Stanley Learning Systems

Mailing Address: 3005 Chinaberry, Suite A	City: Columbia	State: MO	Zip Code: 65201-3550
Phone Number: 573-875-8631	Fax Number: 573-449-4366		

PRIMARY CONTACT INFORMATION

Name: Jack Stanley	Phone Number: 573-875-8631
E-Mail Address: sylvanco@socket.net	

SERVICES

Provider status:

<input checked="" type="checkbox"/> For-profit organization	<input type="checkbox"/> School District
<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> Individual
<input type="checkbox"/> Faith-based organization	<input type="checkbox"/> Other:

Areas to be served by provider:

All school districts in Missouri

Specific districts or counties. Please list: **Audrain, Boone, Butler, Cape Girardeau, Cole, Mississippi, Moniteau, New Madrid, Ripley, Salem, and Scott counties.**

Number of sessions per week: **2 Two-hour sessions per week**

Cost per session:

Proposed location of service delivery:

Student's school site

Provider site

Other: **Other Community sites.**

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation).
No.

Certification of instructors:

Baccalaureate degree in education

Baccalaureate degree in related field of instruction. Please list related field(s): _____

Reading Specialist

Other: _____

Additional education and/or experience:

Masters level degrees or above in either reading or mathematics

Missouri teacher certificated/licensed teachers

Experience teaching students with specific disabilities

Experience teaching LEP students

Ability to speak languages other than English. Please list: _____

Tutoring subjects available: <input checked="" type="checkbox"/> Reading <input checked="" type="checkbox"/> Writing <input checked="" type="checkbox"/> Math	Grade Levels Served: <input checked="" type="checkbox"/> K-2 <input checked="" type="checkbox"/> 3-5 <input checked="" type="checkbox"/> 6-8 <input checked="" type="checkbox"/> 9-12
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Title of tutoring curriculum utilized:

Time of Service: <input checked="" type="checkbox"/> Before School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Other: Spring Break, Winter Break, "Brain Camps"	Mode of Instructional Delivery: <input checked="" type="checkbox"/> Individual Tutoring <input checked="" type="checkbox"/> Small Group Instruction <input type="checkbox"/> On-Line/Web-based <input type="checkbox"/> Other:
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Specifics of reporting to parents & school (check all that apply):

Method: <input checked="" type="checkbox"/> letters <input checked="" type="checkbox"/> phone calls <input checked="" type="checkbox"/> conference with parents <input checked="" type="checkbox"/> conference with parents & school <input type="checkbox"/> other:	Frequency: <input checked="" type="checkbox"/> weekly <input checked="" type="checkbox"/> bi-monthly <input checked="" type="checkbox"/> monthly <input checked="" type="checkbox"/> other: As needed
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